majority of all these cases syphilis was not thought of or diagnosticated, and the specific treatment not given. This was also the case among the infected mothers. There is therefore a large field for improvement in the diagnosis and treatment of conditions in children which arise from inherited disease in the parents.

The Therapeutics of Habitual Vomiting in Infants.—HANS HAHN (*Medizinisch. Klin.*, 1911, vii, 1452) offers a method of treating habitual vomiting in infants. This type of vomiting consists in repeated vomiting of food after each feeding, accompanied by no other symptoms referable to the stomach or intestinal tract. This condition, however, is difficult to differentiate from pylorospasm in some cases. In habitual vomiting, however, the peristaltic waves and the rigidity of the stomach wall, together with the pyloric tumor, are absent. Pylorospasm occurs usually during the first six weeks, while habitual vomiting occurs later. The theory is that the two conditions may be associated, or that the vomiting is due to hyperesthesia of the gastric mucous membrane of nervous origin. Clinically this form of vomiting may have to be differentiated from that of meningitis or peritonitis. In the treatment of habitual vomiting a reduction in the quantity of the feeding and the administration of nourishment with a low fat content is usually not successful. Nor is the employment of gastric lavage or the use of narcotics or anesthetics in the form of the bromide, cocaine, eucaine, protargol, or belladonna, followed by any better result. Even the return to breast milk in the typical cases gives no relief, and the child loses weight rapidly and drifts into inanition. It was observed that in such cases some mothers began early to feed their infants on a food of greater consistency than milk, such as ground grits and zwieback in milk, with good results. It was also observed that infants and children without appetite during convalescence from severe illness, or while suffering from chronic conditions, such as tuberculosis, would accept and thrive under a food of greater consistency, while refusing to take liquid diet. Hahn, therefore, tried this form of feeding on cases of habitual vomiting and had very good results, the vomiting often ceasing almost immediately. In some cases the same result was attained in a short time, in others the frequency of the vomiting was greatly reduced. The infants gained in weight and general appearance. The food was prepared by making a porridge of milk and about 5 or 6 per cent. ground grits, so that one liter of the porridge represented about 1000 calories. This amount was divided into 5 or 6 portions for a day's use, so that each feeding represented about 100 calories per kilo of body weight. The same good results were obtained in older children by a change to potato porridge and by adding crumbs of zwieback to the milk. The good results of this form of feeding are probably due to the mechanical action of the more consistent mass on the tendency to contraction of the stomach wall, making it more difficult for the stomach to reject its contents.

The Treatment of Diphtheria.—F. HOESCH (*Deut. med. Woch.*, 1911, xxxvii, 1683) reviews the changes that have taken place during the last few years in the methods of treating diphtheria. Lately, F. Meyer has claimed, and apparently proved, that much larger doses of antitoxin can be given with greater benefit than was heretofore believed possible. He has in very severe cases injected at one time as high as 50,000 units, preferably by the intravenous method. In addition, in cases of low blood pressure and collapse, he utilizes Heidenhain's method of injecting adrenalin-normal saline solution intravenously. Both Pospischill and Eckert have reported saving apparently hopeless cases by enormous doses of antitoxin given intravenously. Hoesch has tested these new methods, first laying stress on the primary importance of using the antitoxin at the earliest possible moment, since his tables show a steadily increasing mortality associated with an increasing interval between the incidence of the disease and the administration of the antitoxin. With one exception, Hoesch has never seen a severe grade of diphtheria in a child which had previously been given an immunizing dose of antitoxin, and he believes the practice of giving immunizing doses to exposed individuals to be highly desirable. The intramuscular and intravenous method of giving antitoxin is an improvement over the old subcutaneous method and brings more rapid results. This was shown by Berlin in 34 intravenous injections, in which the temperature was greatly reduced within twenty-four hours, and in 28 similar cases, in which a marked general improvement was observed on the second day. Morgenroth has reported similar good results from the intramuscular method. In Hoesch's series of 325 cases, part treated by the intravenous, part by the intramuscular method, there were 52 deaths, or 16 per cent. Of the 273 intramuscular cases, 33, or 12 per cent., died. Of the 45 intravenous cases, 19, or 42.2 per cent., died. Of the 307 cases treated the previous year by the subcutaneous method, 42, or 13.6 per cent., died. The fact that the intravenous method was used mostly in those cases which were deemed hopeless with the other methods, explains the apparently high mortality with this method. With the intramuscular and intravenous methods the results were noticeable much quicker than with the old method, especially in the effect on single symptoms, such as fever, pulse, and membrane. With the possible exception of nasal diphtheria, Hoesch found no better results from the intravenous than from the intramuscular method, and as the former is often impossible of application in many cases and attended by difficulty in private practice, the latter method of late has been the choice proceeding. That the serum, especially in large doses, acts detrimentally on the heart and kidneys is denied by Baginsky and Heubner, in which decision Hoesch agrees. He also found no advantage in any way in giving larger doses than heretofore in the milder forms of the disease, and therefore gives only 1200 to 2000 units in mild cases. He found practically the same results in the more severe cases, the larger doses, 3000 to 6000 units, having no quicker or stronger effect than the smaller doses. Almost all the cases usually showed increased rate, irregularity, and weakness of the pulse. It was found that the more highly immunized cases usually showed a fairly severe degree of changes in the pulse, many of which remained apparent for long periods of time. The larger doses had also no different effect than the smaller in the laryngeal, severe nasal, and septic forms, and stress is laid on the fact that it is the promptness of its use rather than the size of the dose which counts most. Hoesch finally concludes that the higher doses do not reduce the mortality below that of the usual doses. If 4000 units are of no avail, then higher doses will leave no better effect. Repeated doses in larger quantities and total doses up to 27,000 units in all the more severe forms have never shown any better results than the more moderate doses. The use of adrenalin intravenously is only justified after all other usual measures of stimulation fail. Normal saline solution, intravenously, is of no benefit in cardiac trouble from diphtheria. Caffeine and camphor have proved the best stimulants in this condition.

OBSTETRICS

UNDER THE CHARGE OF

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The Treatment of Antipartum Hemorrhage.—HERMAN (*British Med. Jour.*, September 30, 1911) believes that the hemorrhages of pregnancy are made possible by the existence of the placenta. Hence the treatment of this hemorrhage must be conducted with reference to the management of the placenta. So far as accidental hemorrhage is concerned, he believes it of great importance to distinguish between internal and external hemorrhage, which he styles concealed and revealed. In external or revealed hemorrhage, the vessels are torn near the edge of the placenta. The blood separates the chorion from the decidua and escapes through the os uteri. This process differs in duration with different cases, and if the blood escapes slowly it will clot, and the discharge will be a serous, watery fluid. Revealed hemorrhage is far less dangerous than concealed hemorrhage, and is by no means infrequent during pregnancy. In probably less than one case in 100, some form of accidental hemorrhage takes place. In concealed hemorrhage, the utero placental vessels are torn through in the central part of the placenta and blood is effused between the placenta and the uterus. Where the edge of the placenta is not detached, the blood which remains between the uterus and placenta bulges out the uterine wall into a hard, firm tumor. The uterus will readily become distended gradually, but sudden distention produces great pain and often shock, the amount of collapse being out of proportion to the amount of blood poured out. In some cases, this blood remains in its original situation until delivered, but more often when the hemorrhage is at first internal, the effused blood overcomes the adhesion between the placenta and uterine wall, and escapes externally. The pressure on the uterine wall and the effused blood weakens the contractile power of the uterus and favors dangerous postpartum hemorrhage. Herman does not believe that tamponing the vagina tightly is an efficient or correct treatment for such hemorrhage. As the vagina is a dilatable canal, no tampon remains tight very long, and the effort to make it so results in great pain and suffer-